

Fill in this information to identify the case:

Debtor name	<u>Riverside General Hospital, Inc.</u>
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>16-30603</u>

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2.1	Creditor's name <u>A Rocket Storage</u>	Describe debtor's property that is subject to a lien <u>Medical Records and miscellaneous items</u>	<u>Unknown</u>	<u>\$0.00</u>
	Creditor's mailing address <u>3401 Corder St</u>	Describe the lien <u>Agreement</u>		
	Houston TX 77021	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$24,434,654.13

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<i>Column A</i>	<i>Column B</i>
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

2.2	Creditor's name <u>Beckman Coulter, Inc</u>	Describe debtor's property that is subject to a lien <u>Real Property</u>	\$384,424.28	\$384,424.28
	Creditor's mailing address <u>c/o Bernstein-Burkley, P.C.</u>	Describe the lien <u>Judgment Lien</u>		
	707 Grant St. Ste 2200, Gulf Tower			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Pittsburgh PA 15219			
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.3	Creditor's name <u>Briar Capital</u>	Describe debtor's property that is subject to a lien <u>Casa</u>	\$3,962,162.44	\$3,962,162.44
	Creditor's mailing address <u>1500 City W. Blvd</u>	Describe the lien <u>Agreement</u>		
	Date debt was incurred	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Houston TX 77042			
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
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2.4	Creditor's name <u>Cleveland ISD</u>	Describe debtor's property that is subject to a lien Liberty County Property	\$7,515.68	\$584,060.00
	Creditor's mailing address <u>PO Box 3064</u>	Describe the lien Ad Valorem Taxes - Secured		
	Houston TX 77253	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred	As of the petition filing date, the claim is: Check all that apply.		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
2.5	Creditor's name <u>Dixon Financial Services, LTD</u>	Describe debtor's property that is subject to a lien All personal property of the Debtor	<u>\$7,912,031.17</u>	<u>\$7,560,251.00</u>
	Creditor's mailing address <u>George O. Mejlaender</u>	Describe the lien Secured Debt		
	PO Box 801261	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Houston TX 77280	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Creditor's email address, if known	As of the petition filing date, the claim is: Check all that apply.		
	Date debt was incurred	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. 1) Dixon Financial Services, LTD; 2) Federal Emergency Management Agency; 3) Harris County et al.		
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
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2.6	Creditor's name <u>Federal Emergency Management Agency</u>	Describe debtor's property that is subject to a lien <u>FEMA Funds</u>	<u>\$5,000,000.00</u>	<u>\$5,000,000.00</u>
	Creditor's mailing address <u>500 C Street S.W.</u>	Describe the lien <u>Secured Debt</u>		
		Is the creditor an insider or related party? <u>Washington DC 20472</u>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
	Creditor's email address, if known	Is anyone else liable on this claim?	<input checked="" type="checkbox"/> No	
	Date debt was incurred		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Last 4 digits of account number	As of the petition filing date, the claim is:		
		Check all that apply.		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.7	Creditor's name <u>Galveston County</u>	Describe debtor's property that is subject to a lien <u>Ad Valorem Taxes</u>	<u>\$160.89</u>	<u>\$160.00</u>
	Creditor's mailing address <u>Linebarger Goggan Blair & Sampson LLP</u>	Describe the lien <u>PROPERTY TAX</u>		
	P.O. Box 3064	Is the creditor an insider or related party?	<input checked="" type="checkbox"/> No	
	Houston TX 77253-3064		<input type="checkbox"/> Yes	
	Creditor's email address, if known	Is anyone else liable on this claim?	<input checked="" type="checkbox"/> No	
	Date debt was incurred		<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Last 4 digits of account number	As of the petition filing date, the claim is:		
		Check all that apply.		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input checked="" type="checkbox"/> Disputed		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

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2.8	Creditor's name <u>Greater Southeast Management District</u>	Describe debtor's property that is subject to a lien <u>Property Taxes</u>	\$1,365.14	\$1,365.14
Creditor's mailing address <u>PO Box 73109</u>		Describe the lien <u>Ad Valorem Property Taxes</u>		
Houston TX 77273		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known <hr/>		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred <hr/>		As of the petition filing date, the claim is: Check all that apply.		
Last 4 digits of account number <hr/>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____				

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2.9 Creditor's name <u>Harris County et al</u>	Describe debtor's property that is subject to a lien	<u>\$824,940.37</u>	<u>\$19,566,188.00</u>
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Creditor's mailing address <u>Linebarger Goggan Blair & Sampson LL</u>	Ad Valorem Taxes
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P.O. Box 3064	Describe the lien
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PROPERTY TAX

Is the creditor an insider or related party? <u>Houston TX 77253-3064</u>	<input checked="" type="checkbox"/> No
--	--

Creditor's email address, if known	<input type="checkbox"/> Yes
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Date debt was incurred	<input checked="" type="checkbox"/> No
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Last 4 digits of account number	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)
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Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:
--	--

<input type="checkbox"/> No	Check all that apply.
<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent
	<input type="checkbox"/> Unliquidated
	<input type="checkbox"/> Disputed

<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.
--

For 3204 Ennis St. Houston,
Texas 77004-3213: See 2.5. For
3217 Anita St. Houston, Texas
77004: 1) Houston Liens; 2)
Harris County et al. For 4514
Lyons Ave. Houston, Texas
77020: 1) Harris County et al. For
2802 Live Oak, Houston, Texas
77004: 1) Harris County et al. For
2711 Live Oak Houston, Texas
77004: 1) Harris County et al. For
2918 Rosalie St. Houston, Texas
77004: 1) Harris County et al. For
3213 Delano St. Houston, Texas
77004: 1) Harris County et al. For
3215 Delano St. Houston, Texas
77004: 1) Harris County et al. For
3103 Paige St. Houston, Texas
77004: 1) Harris County et al. For
3204 Paige St. Houston, Texas
77004: 1) Harris County et al. For
2829 Holman St. Houston, Texas
77002: 1) Harris County et al. For
3005 Holman St. Houston, Texas
77004: 1) Harris County et al. For
3002 Holman St. Houston, Texas
77004: 1) Harris County et al. For
3020 Holman St. Houston, Texas
77004: 1) Harris County et al. For
0 Chisom St. Houston, Texas
77004: 1) Harris County et al. For
0 Chisom St. Houston, Texas
77004: 1) Harris County et al. For
0 Elgin, Houston, Texas 77004: 1)
Harris County et al.

Yes. The relative priority of creditors is specified on lines

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

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2.10	Creditor's name <u>HISD</u>	Describe debtor's property that is subject to a lien Property Taxes	Unknown	\$0.00
	Creditor's mailing address <u>Linebarger Gogan Blair & Sampson</u>	Describe the lien Judgment Lien		
	<u>1300 Main Street, Suite 300</u>			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Houston TX 77002</u>			
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred			
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.		
	<u>_____</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>_____</u>		
2.11	Creditor's name <u>Houston Liens</u>	Describe debtor's property that is subject to a lien Ad Valorem Taxes	\$446.73	\$55,000.00
	Creditor's mailing address <u>Linebarger Goggan Blair & Sampson LL</u>	Describe the lien PROPERTY TAX		
	<u>P.O. Box 3064</u>			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Houston TX 77253-3064</u>			
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred			
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.		
	<u>_____</u>	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?			
		<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.9</u>		

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

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<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
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2.12 Creditor's name <u>Internal Revenue Service</u>	Describe debtor's property that is subject to a lien	<u>\$2,063,670.30</u>	<u>\$2,063,670.30</u>
Creditor's mailing address <u>P.O. Box 7346</u>	Debtor's right, title, and interest to property		
	Describe the lien		
	Taxes		
Philadelphia PA 19101-7346	Is the creditor an insider or related party?		
Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred _____	Is anyone else liable on this claim?		
Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?	Check all that apply.		
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
2.13 Creditor's name <u>JLE Investors</u>	Describe debtor's property that is subject to a lien	<u>\$1,135,212.02</u>	<u>\$1,135,212.02</u>
Creditor's mailing address <u>710 Post Oak</u>	3204 Ennis		
	Describe the lien		
208	Agreement		
	Is the creditor an insider or related party?		
Houston TX 77024	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	Is anyone else liable on this claim?		
Date debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number _____	As of the petition filing date, the claim is:		
Do multiple creditors have an interest in the same property?	Check all that apply.		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

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<i>Column A</i> Amount of claim Do not deduct the value of collateral.	<i>Column B</i> Value of collateral that supports this claim
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2.14	Creditor's name <u>Reliant Energy Retail Services, LLC</u>	Describe debtor's property that is subject to a lien Summary Judgment and Abstract of Judgment	\$614,826.91	\$309,975.77
	Creditor's mailing address <u>P.O. BOX 1046</u>	Describe the lien Judgment Lien		
	Houston TX 77251	Is the creditor an insider or related party?		
	Creditor's email address, if known	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred _____	Is anyone else liable on this claim?		
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.15	Creditor's name <u>Texas City ISD</u>	Describe debtor's property that is subject to a lien Ad Valorem Taxes	\$41.99	\$41.99
	Creditor's mailing address <u>Linebarger Goggan Blair & Sampson LL</u>	Describe the lien PROPERTY TAX		
	P.O. Box 3064	Is the creditor an insider or related party?		
	Houston TX 77253-3064	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim?		
	Date debt was incurred _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply.		
	Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?			
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<i>Column A</i>	<i>Column B</i>
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

2.16	Creditor's name <u>Texas workforce commission</u>	Describe debtor's property that is subject to a lien Tax Lien	\$27,856.21	\$27,856.21
	Creditor's mailing address <u>Regulatory Integrity Division- SAU</u>	Describe the lien Unemployment Taxes		
	<u>101 E. 15th St., Room 556</u>			
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Austin TX 78778-0001</u>			
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred			
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
2.17	Creditor's name <u>Triple 8 Venture Corp.</u>	Describe debtor's property that is subject to a lien 3204 Ennis	\$2,500,000.00	\$2,500,000.00
	Creditor's mailing address <u>c/o Alan R. Scheinthal</u>	Describe the lien Secured Debt		
	<u>Scheinthal & Kouts, LLP</u>			
	<u>4635 Southwest Fwy., Suite 720</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<u>Houston TX 77027</u>			
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred			
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Fill in this information to identify the case:Debtor Riverside General Hospital, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number 16-30603
(if known) Check if this is an
amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	<u>\$130,943.00</u>	<u>\$12,475.00</u>

Bevona Fairman
9663 Santa Monica Blvd.
Suite 1287

As of the petition filing date, the
claim is: *Check all that apply.*

Contingent
 Unliquidated
 Disputed

Beverly Hills **CA** **90210**

Basis for the claim:

Salary and Wages for Services Performed

Date or dates debt was incurred

Is the claim subject to offset?

No
 Yes

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)

2.2 Priority creditor's name and mailing address

Gwendolyn Reed

2123 Pepperglen Court

As of the petition filing date, the
claim is: *Check all that apply.*

\$46,743.87 \$12,475.00

Contingent
 Unliquidated
 Disputed

Missouri City **TX** **77489**

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account
number

No
 Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)(4)

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.3	Priority creditor's name and mailing address <u>Ida Dewberry</u> <u>10815 Bradford Way Drive</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$33,240.00</u>	<u>\$12,475.00</u>
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Houston TX 77075	Basis for the claim:		
		Unsecured Debt		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			
2.4	Priority creditor's name and mailing address <u>Internal Revenue Service</u> <u>P.O. Box 7346</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,577,287.61</u>	<u>\$6,577,287.61</u>
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Philadelphia PA 19101-7346	Basis for the claim:		
		Taxes		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)			
2.5	Priority creditor's name and mailing address <u>Nikki Trigg</u> <u>11900 Oak Moore Parkway, Unit 335</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,354.28</u>	<u>\$1,354.28</u>
		<input type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
	Houston TX 77051	Basis for the claim:		
		Unsecured Debt		
	Date or dates debt was incurred	Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No		
	Last 4 digits of account number	<input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,867.50</u>	<u>\$3,867.50</u>
<u>Oluwaseun A. Akibola</u>		<input type="checkbox"/> Contingent		
<u>9700 Court Glen Dr.</u>		<input type="checkbox"/> Unliquidated		
<u>Apt 2305</u>		<input type="checkbox"/> Disputed		
<hr/>		Basis for the claim:		
<u>Houston</u> <u>TX</u> <u>77099</u>		<u>Salary and Wages</u>		
<hr/>		Is the claim subject to offset?		
<hr/>		<input checked="" type="checkbox"/> No		
<hr/>		<input type="checkbox"/> Yes		
<hr/>		Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		
2.7	Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,419.22</u>	<u>\$3,419.22</u>
<u>Vivian Grant</u>		<input type="checkbox"/> Contingent		
<u>PO Box 146</u>		<input type="checkbox"/> Unliquidated		
<hr/>		<input type="checkbox"/> Disputed		
<hr/>		Basis for the claim:		
<u>Missouri City</u> <u>TX</u> <u>77459</u>		<u>Unsecured Debt</u>		
<hr/>		Is the claim subject to offset?		
<hr/>		<input checked="" type="checkbox"/> No		
<hr/>		<input type="checkbox"/> Yes		
<hr/>		Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)		

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address A-Affordable Vacuum Service 7039 Burkett Street	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$182.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
		Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address Abbott Laboratories 100 Abbott Park Road	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$662.08
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
		Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address Absolute Meter Services 10314 Sagetrail Drive	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$202.82
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
		Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address AC Contractors 13111 Cottingham Street	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,702.75
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
		Unsecured Debt	
	Date or dates debt was incurred	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address <u>Advantage Office Products</u> <u>5722 Bingle Road, Suite B</u> <u>Houston</u> <u>TX</u> <u>77092</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Basis for the claim: <u>Unsecured Debt</u>	\$3,391.51
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.6	Nonpriority creditor's name and mailing address <u>Affordable Environmental, Inc.</u> <u>12322 WA-99, Suite 99</u> <u>Everett</u> <u>WA</u> <u>98204</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Basis for the claim: <u>Unsecured Debt</u>	\$1,785.00
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.7	Nonpriority creditor's name and mailing address <u>Alarm Master Corporation</u> <u>10615 Rockley Road</u> <u>Houston</u> <u>TX</u> <u>77099</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Basis for the claim: <u>Unsecured Debt</u>	\$188.80
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.8	Nonpriority creditor's name and mailing address <u>All American Air Works</u> <u>P. O. Box 1000</u> <u>Sophia</u> <u>WV</u> <u>25921-1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Basis for the claim: <u>Unsecured Debt</u>	\$2,125.32
Date or dates debt was incurred _____ Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.9	Nonpriority creditor's name and mailing address <u>Alpha Electric Company</u> <u>901 W. 18th Street</u> <u>Houston</u> <u>TX</u> <u>77008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$1,740.73</u>
		Basis for the claim: <u>Unsecured Debt</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.10	Nonpriority creditor's name and mailing address <u>American Family Life Assurance</u> <u>AFLAC</u> <u>917 Brown Avenue</u> <u>Columbus</u> <u>GA</u> <u>31906</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$3,092.77</u>
		Basis for the claim: <u>Unsecured Debt</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.11	Nonpriority creditor's name and mailing address <u>American Physicians and Supply</u> <u>c/o Stephen W. Lemmon</u> <u>Sheinfeld Maley & Kay</u> <u>3700 First City Tower</u> <u>Houston</u> <u>TX</u> <u>77002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$28,225.00</u>
		Basis for the claim: <u>Unsecured Debt</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<hr/>			
3.12	Nonpriority creditor's name and mailing address <u>Arrow International</u> <u>2400 Bernville Road</u> <u>Reading</u> <u>PA</u> <u>19605</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$937.84</u>
		Basis for the claim: <u>Unsecured Debt</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$38,210.56</u>
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Automatic Data Processing4822 Martin Luther King Jr. Blvd.

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77021

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$26,341.00</u>
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Bank of New York Mellon1000 Louisiana Street

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77002

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$15,171.00</u>
-------------	---	---	--------------------

Beckman Instruments Incc/o Jim D. HamiltonTwentieth Floor, Coastal TowerNine Greenway PlazaHouston TX 77046

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$20,000.00</u>
-------------	---	---	--------------------

Bennie Thomasc/o Patricia R. SaumJann Scherbarth & AssociatesOne West Loop South, Suite 700Houston TX 77027

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,154.83
-------------	---	---	-------------------

Beta Tech Inc

16810 Barker Springs Road, Suite 204

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77084

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,392.46
-------------	---	---	-------------------

Bio-Rad Laboratories Inc.

1000 Alfred Nobel Drive

Check all that apply.

Contingent
 Unliquidated
 Disputed

Hercules CA 94547

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$214.50
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Biomedical Waste Solutions, LLC

1100 Main

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77002

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$98,741.00
-------------	---	---	--------------------

Bonner, Cora

c/o H. Howard Schmerin

2650 Fountain View, Suite 132

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77057

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.21	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$90,000.00
<u>Canfield Funding LLC</u>		<input type="checkbox"/> Contingent	
<u>c/o Fred Wahrlich</u>		<input type="checkbox"/> Unliquidated	
<u>Floyd, Isgur, Rios & Wahrlich, P.C.</u>		<input checked="" type="checkbox"/> Disputed	
<u>700 Louisiana, Suite 4600</u>		Basis for the claim:	
<u>Houston TX 77002-2732</u>		<u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,346.95
<u>Centech Communication Company</u>		<input type="checkbox"/> Contingent	
<u>10039 Bissonnet Street</u>		<input type="checkbox"/> Unliquidated	
<u>Houston TX 77036</u>		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
		<u>Unsecured Debt</u>	
Last 4 digits of account number		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$20,107.11
<u>Centerpoint Energy</u>		<input type="checkbox"/> Contingent	
<u>P. O. Box 4981</u>		<input type="checkbox"/> Unliquidated	
<u>Houston TX 77210-4981</u>		<input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
		<u>Unsecured Debt</u>	
Last 4 digits of account number		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$52,294.00
<u>Christus St. Joseph Hospital</u>		<input type="checkbox"/> Contingent	
<u>c/o Leon E. Pegg</u>		<input type="checkbox"/> Unliquidated	
<u>Holloway & Gumbert</u>		<input checked="" type="checkbox"/> Disputed	
<u>3701 Kirby Drive, Suite 1288</u>		Basis for the claim:	
<u>Houston TX 77098</u>		<u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$12,700.00</u>
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City of Houstonc/o Linebarger Goggan Blair & Sampson1300 Main, Suite 300

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured DebtHoustonTX77002

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$38,268.80</u>
-------------	---	---	--------------------

City of Houston Water4200 Leeland Street

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured DebtHoustonTX77023

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$1,976.57</u>
-------------	---	---	-------------------

College of American Pathologists13501 I Street NW Suite 590

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured DebtWashingtonDC20005

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$147.55</u>
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Comcast1 Comcast Center

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured DebtPhiladelphiaPA19103

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$439.85
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Daniels Sharpmart Inc.111 W. Jackson Blvd., Suite 720

Check all that apply.

Contingent
 Unliquidated
 Disputed

Chicago IL 60604

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$269,793.00
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Danka Funding Company Inc.c/o Glen A. NordtCoats Rose Yale Ryman & Lee, P.C.1001 Fannin StreetHouston TX 77002-6707

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$18,167.69
-------------	---	---	--------------------

Dawson Chemical & Janitorial6010 Irvington Blvd.Houston, Texas 7709

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$51,000.00
-------------	---	---	--------------------

Dennis Lewisc/o William H. WatsonBallard & Watson24 Greenway Plaza, Suite 1506Houston TX 77046

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$244.00
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Drug Enforcement Administration1433 W. Loop South, Suite 600

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77027

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,600.00
-------------	---	---	-------------------

Emdeon Business Service100 N. Byrne Road

Check all that apply.

Contingent
 Unliquidated
 Disputed

Toledo OH 43607

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$362,094.00
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Epstein Baker & Green, PCOne Gateway CenterNewark, NJ 07102

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Legal Services Rendered

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$229,399.00
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Estill Affiliates LLCc/o Wendle Van SmithOne Arena Place7322 Southwest Frwy., Suite 2010Houston TX 77074

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$294,839.00
------	---	---	--------------

Ethel Austin
c/o G. Scott Fiddler
5959 West Loop South, Suite 150

Contingent
Unliquidated
 Disputed

Bellaire TX 77401

Basis for the claim:
Unsecured Debt

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

No
 Yes

3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$15,750.00
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Fasthealth Corporation
101 23rd Avenue

Contingent
Unliquidated
 Disputed

Tuscaloosa AL 35401

Basis for the claim:
Unsecured Debt

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

No
 Yes

3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$3,500.00
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Fire Safe Protection Service
1815 Sherwood Forest Street

Contingent
Unliquidated
 Disputed

Houston TX 77043

Basis for the claim:
Unsecured Debt

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

No
 Yes

3.40	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$2,245.55
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Grainger
3232 Harrisburg Blvd.

Contingent
Unliquidated
 Disputed

Houston TX 77003

Basis for the claim:
Unsecured Debt

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$84,687.83</u>
-------------	---	---	--------------------

Green Bank4000 Greenbriar

Check all that apply.

Contingent
 Unliquidated
 Disputed

HoustonTX 77098

Basis for the claim:

line of credit

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$1,051.50</u>
-------------	---	---	-------------------

Gulf Coast Regional Blood1400 La Concha Lane

Check all that apply.

Contingent
 Unliquidated
 Disputed

HoustonTX 77054

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$1,666.00</u>
-------------	---	---	-------------------

Healing Air Inc.14502 Hiram Clark Road

Check all that apply.

Contingent
 Unliquidated
 Disputed

HoustonTX 77045

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.44	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$496,832.00</u>
-------------	---	---	---------------------

Healthland-Omaha1600 Utica Avenue, Suite 300

Check all that apply.

Contingent
 Unliquidated
 Disputed

MinneapolisMN 55416

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$129,600.82
-------------	---	---	---------------------

Hill International, Inc.John Lynd3200 SW Freeway, Ste 2300

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77027

Basis for the claim:

Judgment

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.46	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,855.00
-------------	---	---	-------------------

Hour Doc-Holding, LLC4801 Woodway, Suite 210

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77056

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$142.50
-------------	---	---	-----------------

Hurricane Glass11000 Gulf Freeway

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77034

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,147.63
-------------	---	---	-------------------

IMMUCOR Inc.3700 Mangun Road

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77092

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.49	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$1,467.60</u>
-------------	---	---	-------------------

INFOLAB Inc.690 Center Street, Suite 301

Check all that apply.

Contingent
 Unliquidated
 Disputed

HerndonVA 20170

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.50	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$34,293.98</u>
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Innovative Legal Solutions, Inc.2929 Allen Parkway, Suite 2800

Check all that apply.

Contingent
 Unliquidated
 Disputed

HoustonTX 77019

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.51	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$133,429.67</u>
-------------	---	---	---------------------

Internal Revenue ServiceP.O. Box 7346

Check all that apply.

Contingent
 Unliquidated
 Disputed

PhiladelphiaPA 19101-7346

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.52	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$190.00</u>
-------------	---	---	-----------------

JB's Carpet Cleaning2313 W. Sam Houston Pkwy N., Suite 131

Check all that apply.

Contingent
 Unliquidated
 Disputed

HoustonTX 77043

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.53	Nonpriority creditor's name and mailing address <u>JC Electrical Service</u> <u>630 Westfield Lane</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$950.00
 <u>Friendswood</u> TX 77546		Basis for the claim: <u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.54	Nonpriority creditor's name and mailing address <u>Krames Staywell, LLC</u> <u>780 Township Line Road</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,289.04
 <u>Yardley</u> PA 19067		Basis for the claim: <u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.55	Nonpriority creditor's name and mailing address <u>Kuhn Digital, LLC</u> <u>13519 Pinerock Lane</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$27,695.17
 <u>Houston</u> TX 77079		Basis for the claim: <u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.56	Nonpriority creditor's name and mailing address <u>Kwik Kill Exterminators of Texas</u> <u>715 E. Tidwell Road</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$3,745.00
 <u>Houston</u> TX 77022		Basis for the claim: <u>Unsecured Debt</u>	
Date or dates debt was incurred		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.57	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$60,805.34
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Laboratory Corp of America

Check all that apply.

Contingent
 Unliquidated
 Disputed

Johnson Legal Network, PLLC535 Wellington Way, Suite 380

Basis for the claim:

Unsecured DebtLexington KY 40503

Is the claim subject to offset?

No
 Yes

3.58	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$275,000.00
-------------	---	---	---------------------

Lanetta Sparks

Check all that apply.

Contingent
 Unliquidated
 Disputed

c/o John A. Elmore3033 Fannin, Suite 101

Basis for the claim:

Unsecured DebtHouston TX 77004

Is the claim subject to offset?

No
 Yes

3.59	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,519.78
-------------	---	---	-------------------

Liberty Office Products

Check all that apply.

Contingent
 Unliquidated
 Disputed

8744 Westpark Drive

Basis for the claim:

Unsecured DebtHouston TX 77063

Is the claim subject to offset?

No
 Yes

3.60	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$132,194.00
-------------	---	---	---------------------

Lyons Supermarket Corp.

Check all that apply.

Contingent
 Unliquidated
 Disputed

c/o Trang Q. TranTran Law Firm440 Louisiana, Suite 590

Basis for the claim:

Unsecured DebtHouston TX 77002

Is the claim subject to offset?

No
 Yes

Date or dates debt was incurredLast 4 digits of account number

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.61 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$420.00

Machine Ice Company8915 Sweetwater Lane

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77037

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.62 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$11,361.07

Matheson Tri-Gas2200 Houston Avenue

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77007

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.63 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$5,930.77

McKesson Medical-Surgical, Inc. Successo4345 Southpoint Blvd

Check all that apply.

Contingent
 Unliquidated
 Disputed

Jacksonville FL 32216

Basis for the claim:

Goods Sold

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.64 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$111,073.00

Medical Programs Inc.c/o Thomas HerterClark Hellen & Herter, P.C.6300 Hillcroft, Suite 300Houston TX 77081

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$13,668.76</u>
-------------	---	---	--------------------

Mita Salvosa

6934 Kamiah Ct

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77040

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$315.00</u>
-------------	---	---	-----------------

Mitel Technologies

10603 W. Sam Houston Pkwy., Suite 400

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77064

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$1,494.42</u>
-------------	---	---	-------------------

MOD Space Storage

10604 Wallisville Road

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77013

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$7,174.75</u>
-------------	---	---	-------------------

Morad A. Nashed

17211 Sandestine Dr.

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77095

Basis for the claim:

Services Performed, Vacation and Unpaid Time

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.69	Nonpriority creditor's name and mailing address <u>Nexus Disposal, LLC</u> <u>6131 Thomas Road</u> <u>Houston</u> <u>TX</u> <u>77041</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u>	<u>\$1,248.68</u>
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.70	Nonpriority creditor's name and mailing address <u>Office Depot, Inc.</u> <u>6600 North Military Trail</u> <u>Boca Raton</u> <u>FL</u> <u>33496</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u>	<u>\$6,372.06</u>
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.71	Nonpriority creditor's name and mailing address <u>OGH Service Company</u> <u>3730 Creekmont Drive</u> <u>Houston, Texas</u> Date or dates debt was incurred _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u>	<u>\$4,226.00</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address <u>Olshan Lumber Company</u> <u>2600 Commerce Street</u> <u>Houston</u> <u>TX</u> <u>77003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u>	<u>\$626.20</u>
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.73	Nonpriority creditor's name and mailing address <u>Otis Elevator Company</u> <u>Attn: Treasury Services</u> <u>POB 109615 M/S 715-02</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,045.51
		Basis for the claim: <u>Elevator Service & Equipment</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address <u>Pension Benefit Information</u> <u>711 Grand Avenue</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$165.00
		Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address <u>Pete's Welding Service</u> <u>711 Pearl Street</u> <u>Houston, Texas</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$150.00
		Basis for the claim: <u>Unsecured Debt</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address <u>Pitney Bowes, Inc.</u> <u>27 Waterview Dr.</u> <u>3rd Fl</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,248.09
		Basis for the claim: <u>Goods Sold</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	Last 4 digits of account number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.77	Nonpriority creditor's name and mailing address <u>Pitney Bowes, Inc.</u> <u>27 Waterview Dr.</u> <u>3rd Fl</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$5,200.00</u>
		Basis for the claim: <u>Goods Sold</u>	
Shelton CT 06484			
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.78	Nonpriority creditor's name and mailing address <u>Shashikant Shah</u> <u>15602 Tarpon Springs Ct.</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$8,567.37</u>
		Basis for the claim: <u>Unpaid Payroll</u>	
Houston TX 77095			
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.79	Nonpriority creditor's name and mailing address <u>State of Texas</u> <u>c/o Scot Clinton Assistant Attorneys Gen</u> <u>Consumer Protection & Public Health Divi</u> <u>808 Travis, Suite 300</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$20,000.00</u>
		Basis for the claim: <u>Unsecured Debt</u>	
Houston TX 77002			
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.80	Nonpriority creditor's name and mailing address <u>STM & Associates Architects, LLC</u> <u>c/o Kevin Michael Madden, PLLC</u> <u>5225 Katy Freeway, Suite 520</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$188,149.81</u>
		Basis for the claim: <u>Judgement</u>	
Houston TX 77007			
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.81	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$289,162.88
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Stryker MedicalLori Purkey, Purkey and Assoc., PLC5050 Cascade Rd, SE, Ste. A

Contingent

Unliquidated

Disputed

Grand Rapids MI 49546

Basis for the claim:

Sale of Goods

Date or dates debt was incurred _____

Is the claim subject to offset?

 No Yes

3.82	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$668,000.00
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Surgical Medical Solutions3131 McKinney AveSuite 600

Contingent

Unliquidated

Disputed

Dallas TX 75201

Basis for the claim:

Services rendered

Date or dates debt was incurred _____

Is the claim subject to offset?

 No Yes

3.83	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
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Texas Attorney General's OfficePO Box 12548-MC008

Contingent

Unliquidated

Disputed

Austin TX 78711

Basis for the claim:

Restricted Charitable Funds

Date or dates debt was incurred _____

Is the claim subject to offset?

 No Yes

3.84	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$15,894,114.00
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Texas Department of Public Safety5805 North Lamar BLVD - MSC0220

Contingent

Unliquidated

Disputed

Austin TX 78752

Basis for the claim:

Unsupported and noncompliant use of funds

Date or dates debt was incurred _____

Is the claim subject to offset?

 No Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.85 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$1,151,961.74

Texas Health and Human Services Comm.4900 North Lamar BLVD

Check all that apply.

Contingent
 Unliquidated
 Disputed

Austin TX 78751

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.86 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$731,826.00

Texas Health and Human Services Comm.4900 North Lamar BLVD

Check all that apply.

Contingent
 Unliquidated
 Disputed

Austin TX 78751

Basis for the claim:

Medicaid Disproportionate Share Hospital Program

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.87 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$139,220.00

The Aldridge Law Firm7529 Olympia Dr.

Check all that apply.

Contingent
 Unliquidated
 Disputed

Houston TX 77063

Basis for the claim:

Attorney Fees

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

3.88 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$3,499,109.84

U.S Department of Health and Human Srvc.Centers for Medicare and Medicaid ServicThe Public Ledger Building150 S. Independence Mall West, Suite 216Philadelphia PA 19106

Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:

Medicare Overpayment

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

No
 Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

3.89	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$50,000.00</u>
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Walter D. Davis, CPAPO Box 36466

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Houston TX 77236

Basis for the claim:

Services Rendered

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$624.00</u>
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Wells Fargo Bank, N.A.PO Box 45038 MAC Z3057012Jacksonville, FL 322325038

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Deposit Demand Account

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$17,441.00</u>
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Wittaker General Medicalc/o Jon D. TotzLapin Totz & Mayer1415 Post Oak Park DriveHouston TX 77027

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	<u>\$86,800.00</u>
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WTI Group LLC2215 Dorman CourtKaty TX 77494

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Money Loaned

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number

- No
- Yes

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$6,712,656.35</u>
5b. Total claims from Part 2	5b. + <u>\$26,034,633.85</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	<u>\$32,747,290.20</u>